

Indiana Lead Protection Program offers qualified residents FREE services to help

If you live in an older home with peeling paint or old windows, you might be eligible for free lead-remediation help and repairs, including:

- FREE lead assessment of your home
- FREE lead-safety work, which could include new windows, doors, painting or special cleaning

There is NO COST, whether you own or rent your home.

- Landlords will be asked to sign an affordability agreement.
- Tenants will need their landlords' permission before beginning work.

## To qualify, you must meet ALL of the requirements in EITHER Option 1 or Option 2.

#### **OPTION 1**

- A child under 6 years old OR a pregnant female LIVES IN or FREQUENTLY VISITS your home.
- ☑ Your home is located in EAST CHICAGO or SOUTH BEND, Indiana.
- ☑ Property taxes on your home are paid and up-to-date.
- ☑ You have homeowners' or renters' insurance.
- ☑ Your home (or rented house containing only one or two units) was built prior to 1978.
- ☑ Someone in the home is enrolled in Medicaid or CHIP.

## OPTION 2

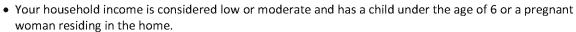
- ☑ A child under 6 years old OR a pregnant female LIVES IN or FREQUENTLY VISITS your home.
- ✓ Your home is located in EAST CHICAGO or SOUTH BEND, Indiana.
- Property taxes on your home are paid and up-to-date.
- ☑ You have homeowners' or renters' insurance.
- ☑ Your home or apartment building was built prior to 1978.
- Your household gross income is low to moderate (by federal standards).

If you meet those requirements, it's easy to get started! Simply fill out the attached application and return to: Indiana Community Action Association Attn: Justin Tyrrell 1845 W. 18th St. Indianapolis, IN 46202

# **Indiana Lead Protection Program Application**

If your home or apartment was built before 1978 you may qualify if:





Please complete both pages and email to <a href="mailto:ityrrell@incap.org">ityrrell@incap.org</a> or mail to address listed on the last page. For information please visit <a href="http://www.in.gov/myihcda/2675.htm">http://www.in.gov/myihcda/2675.htm</a> or call 317-638-4232.

### **Part 1: Applicant Information**

Applicant Name:		Home	Homeowner□ Renter□ Vacant□								
Street Address:			P.O. Box or Apt #								
City:	State:	Zip:	Count	y:							
Phone Numbers: (hom	ıe)		(cell)								
Email Address:											
Part 2: Owner Information (If different than applicant)											
Name:											
Street Address:	Street Address: P.O. Box or Apt #										
City:			State:	Zip:							
Phone Numbers: (hom	ie)		(cell)								
Email Address:											
Part 3: Property Info	rmation										
Pre- 1978 Construction? Yes No Year Built (if known):											
Total number of units in	_	-									
Total # of rooms in your unit: # of bedrooms: Square feet:											
Previous Lead Inspection or Lead Risk Assessment? Yes No Don't Know Is it owned by a federal, state, or local government agency? Yes No Don't Know I											
Is the property or occupant currently participating in a HUD Program? Yes \(\sigma\) No \(\sigma\) Don't Know \(\sigma\)											
Are property taxes paid up through the last billing cycle? Yes No Don't Know											
Does the property curren											
Does the property have current or previous roof leaks? Yes \(\sigma\) No \(\sigma\) Don't Know \(\sigma\)											
Does the property have any structural, water, or pest issues? Yes \( \square\) No \( \square\) Don't Know \( \square\)											
Please explain any other	hazards:										
How did you hear about the program?											











### Occupant Detail: Please complete the table below.

- All occupants, adults and children, must be listed and requested information provided. Attach an additional sheet of paper, if necessary.
- To qualify, a child under the age of 6, or a pregnant woman, must reside in the home.
- Homes with children under the age of 6 with a confirmed elevated blood lead level will be given the highest priority.



Homes with children under the age of	o with a comi	mea	cicvatea biood icaa	icver will be	given the mg	iese priority.		
Name	Date of Birth (mm/dd/yy)	Age	Relation to Primary Resident Primary	Pregnant (Yes or No)	Enrolled in Medicaid or CHIP (Yes or No)	Lead Test Results (For ages 5 and under)	Hispanic/ Latino (Yes or No)	RACE A- ASIAN B- BLACK W- WHITE H-HAWAIIAN/ PACIFIC ISLANDER I-AMERICAN INDIAN ALASKAN
Health. It further authorizes the INCAA to share purposes of qualifying me for this program. By additional financial or other pertinent informati purpose only The applicant and property owner this program. We also verify that the answers purther participation in this program.	signing below, t on as needed fo understands th	the app or prog at com	licant and property ow ram qualification. The pletion of this applicat	ner authoriz information ion does not	es INCAA or an provided will re guarantee assis	authorized pro emain confident tance, but only	gram to contactial for satisfactistarts the proc	ct us to request tion of the stated ess of applying for
Owner/Landlord Name (please print)		Owner/Landlord Signature					Date	_
Tenant Name (if applicable, please print)			Tenant Signature (if applicable)				Date	
If mailing this application, please send to: Indiana Community Action Association	1	becaus	iana Community Actio e of race, sex, religion, as a veteran or any oth	age, nationa	l origin, color, n	narital status, a	isability, politi	cal belief,
ATTN: Justin Tyrrell 1845 W 18 <sup>th</sup> St. Indianapolis, IN 46202		Progra		App Received Date: Medicaid/ CHIP Verified:			App No: Verification Date:	